BEST AND MEDICALLY

PATENT	APPL	JICATION	FEE	DET	ERMINATI	ON	RECORD

Effective October 1, 2001

Application or Docket Number

Ellective October 1, 2001							0 70) >						
CLAIMS AS		S FILED - PART (Column, 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS		207					RATE	FEE		RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.0	0	
TOTAL CHARGEABLE CLAIMS		10 minus 20=		* 8			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS		32 minus 3 ≃ 1		* 4			X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM P			PRESENT			+140=		OR	+280=				
* If the difference in column 1 is			less than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	740	5	
	C		AMENDED - PART II				SMALL ENTITY			OTHER THAN SMALL ENTITY			
		(Column 1) CLAIMS	, n. n. minn en en en	(Colu	mn 2) iest	(Column 3)	, ₋	SMALL		OR	SIMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	AL
AMENDMENT	Total	. //	Minus	· ·	Q	=B		X\$ 9=		OR	X\$18=		
AME	Independent	• 2	Minus	***	2		1 [X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		1	+140=		OR	+280=		
, ,				L	TOTAL		OR	TOTAL	1	ᄏ			
(Column 2) (Column 3)						A	DDIT. FEE			ADDIT. FEE		\dashv	
Q_{i}	20107	(Column 1)			mn 2)	(Column 3)	_						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	AL
AMENDMENT	Total	• 5	Minus	/	20	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 2	Minus	###	3		1 [X42=		OR	X84=	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					」 [+140=		OR	+280=				
							L	TOTAL		OR	TOTAL ADDIT. FEE		┪
ADDIT. FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION, FEE	AL
NON	Total	* 、	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T CI AIM		┨┞	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」	+140=		OR	+280=		7	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "i-lighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												